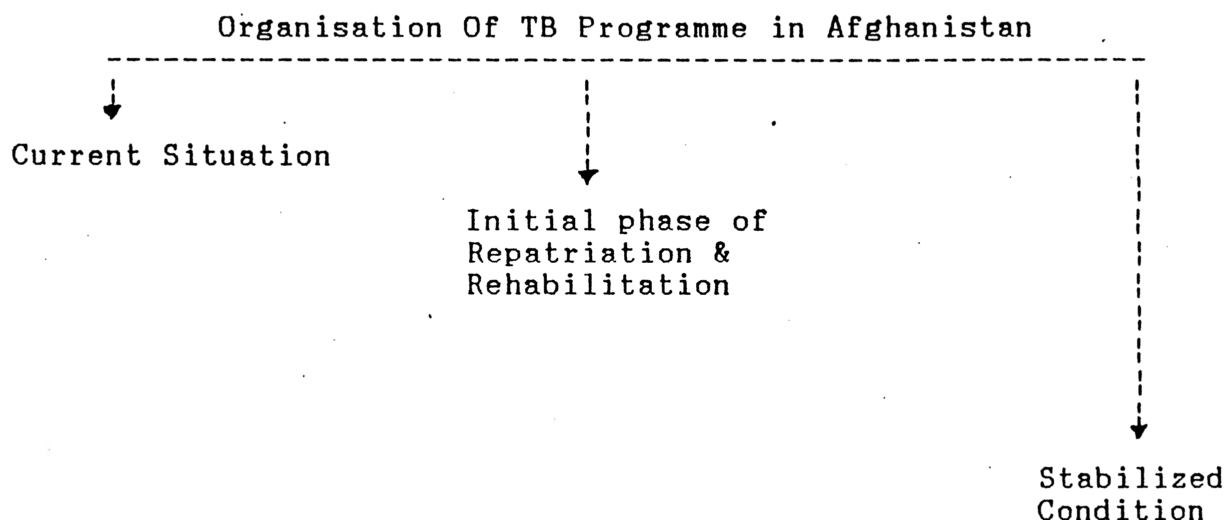


I. CURRENT SITUATION

Difficulties Of TB Control in Special Situation Of Afghanistan

- Diagnose only on history and clinical finding.
- Defaulters and lost patients with problem of follow-up.
- Prescription of TB drugs by Private practitioners.
- Wrong use of anti TB drugs.
- Wrong preparations of TB drugs.

The Basic Requirments For TB

- Capability to detect infectious cases.
- " to deliver adequate chemotherapy.
- " to ensure proper dosage.
- " to ensure regularity of intake.
- " to ensure adequate duration of treatment.

NEEDS FOR STANDARDIZATION

* Diagnosis
* Treatment
* Follow up

PRIORITY AREAS

* Training of microscopists
* Treatment of smear positive cases
* Standard treatment regime
* To utilize CHWs trained in the refugee health programme
* Mass immunization ca paign
* Health Education

II. INITIAL PHASE OF REPATRIATION & REHABILITATION:

* Continuity of treatment regime
* Adequate nutrition
* To avoid stress of return journey

III. STABILIZED CONDITION:

* Well planned and structured programme implemented through National Health Service.
* Attention to smear negative but culture positive cases.
* X-ray examinations to be organized.

SUMMARY AND RECOMMENDATIONS

* ICD/UNHCR guidelines for refugees are broadly acceptable.

* Horizontal programme with integration of other health programmes.

* Community to be involved.

* Training of Microscopists for both TB & Malaria a priority.

* Health facilities has to provide the following functions:

  - Educating community about TB.

  - Case finding and diagnosis.

  - Educating patients and their contacts.

  - Treatment and follow up.

  - BCG vaccination programme.

  - Programme evaluation.

Dr.Abdul Rahman Zamani - ARC
4 June 1989
ACBAR Health Conference

I - WHO/ACBAR COMMUNITY HEALTH SEMINAR June 6, 1989

TB. CONTROL PROGRAMME IN AFGHANISTAN

INTRODUCTION:

Tuberculose is a serious public health problem in Afghanistan. Prevalence of TB in Afghanistan is one of the highest, especially with destruction of infra structure facilities in the last 10 years. Therefore TB control is one of the major health needs, and NGOs are urged to consider estabilishing TB control programmes.

CURRENT FACILITIES:

Health services available for Afghans Vary from Afghanistan to Pakistan and Iran where more than 5 million Refugees are living.

IN AFGHANISTAN:

- Some of the Volags started but did not continue .
- CMC members do not provide TB drugs to medics & paramedics.
- MSF & MDM (Medecins Du Monde) provide drugs in their hospitals where Medical Doctors espicially expatriates are working.
- Anti TB drug is available in the bazars and widely prescribed.

IN PAKISTAN:

ICD has a well established programme for control of TB among Afghan refugees with the following components:

- Supply of TB drugs to PDH.
- Planning and monitoring (Supervision).
- Providing X-rays.
- Job training of field officers.
- Referral laboratory and facilities for culture and sensitivity tests.
- Making epidemiological survey on TB.

IN IRAN:

Refugees are using local facilities.